PART B - FEE(S) TRANSMITTAL

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appropriate All further coindicated to less corrected maintenance te muifters	errespondence including the contract of the co	or transmitting the ISS g the Patent, advance erwise in Block 1, by	orders and notification (a) specifying a new c	of maintenance fees vorrespondence address	will be mailed to the curre ; and/or (b) indicating a si	s should be completed where ent correspondence address as eparate "FEE ADDRESS" for	
CURRENT CORRESPONDEN			s)	Fee(s) Transmittal. The papers. Each additional	is certificate cannot be use	for domestic mailings of the d for any other accompanying ment or formal drawing, must 1.	
SUITER WEST 14301 FNB PARK SUITE 220	SWANTZ PC L			I hereby certify that the States Postal Service vaddressed to the Mai	rtificate of Mailing or Tra his Fee(s) Transmittal is be with sufficient postage for I Stop ISSUE FEE addre TO (571) 273-2885, on the	ing deposited with the United first class mail in an envelope ss above, or being facsimile	
OMAHA, NE 681 01/09/2007 HDEHESS2 0			Penny L. Ba	rtholomew	(Depositor's name)		
01 FC:2501 700.00 OP				Tenny 2	. Bartholomeis	(Signature)	
				January 3,	2007	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/615,258 07/08/2003 Elizabeth Foral DWE 02-1-2 8162 TITLE OF INVENTION: VACUUM TRASH INSERTION RECEPTACLE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISSU	E FEE TOTAL FEE(S) DI	JE DATE DUE	
nonprovisional	YES	\$700	\$0	\$0	\$700	01/03/2007	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	5			
TILL, TERR	ENCE R	1744	015-310000				
1. Change of correspondent CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Char 122) attached. ation (or "Fee Address"	nge of Correspondence	(1) the names of u or agents OR, alter (2) the name of a registered attorney	f a single firm (having as a member a ney or agent) and the names of up to tent attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:    State   Sta							
5. Change in Entity Status  a. Applicant claims S	•	•	□ b. Applicant is no	o longer claiming SMA	LL ENTITY status. See 37	CFR 1 27(a)(2)	
• •	Publication Fee (if requ	ired will not be accept	ted from anyone other tl			the assignee or other party in	
Authorized Signature Date January 3, 2007							
Typed or printed name	Jeffrey M.	Andersen		Registration N	No. 52,558		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							